

PATIENT DETAILS

*Affix patient Addressograph if available

SURNAME: _____ FIRSTNAME(S): _____

DATE OF BIRTH: ____/____/____ MRN: _____


 Feidhmeannacht na Seirbhíse Sláinte
 Health Service Executive

AHDMP X-Linked Hypophosphataemia Burosumab (Crysvita[®]) Patient Eligibility Form

Form must be completed in full and saved securely in the patient's medical record for audit purposes only

TREATMENT	HSE APPROVED INDICATION	ICD10	Protocol Code
Burosumab (Crysvita [®])	Treatment of X-linked hypophosphataemia (XLH) with radiographic evidence of bone disease in children 1 year of age and older and adolescents with growing skeletons	E83.3	XLH001

ELIGIBILITY	YES	NO
Indication as per Protocol XLH001		
Eligibility criteria in Protocol XLH001 have been satisfied		
Burosumab initiated by a Consultant Paediatric Endocrinologist experienced in the management of metabolic bone diseases in paediatric, adolescent, or transitional age patients		
The patient and/or their parent/guardian has been informed about the risks and benefits of treatment		
EXCLUSIONS	YES	NO
All contraindications detailed in the Summary of Product Characteristics (SmPC) for burosumab (Crysvita [®]) have been considered (See www.medicines.ie)		
MONITORING	YES	NO
The patient will be monitored as detailed in Protocol XLH001 and SMPC		
TREATMENT	DATE	
First Burosumab (Crysvita [®]) administration		

PRESCRIBER DETAILS	
Prescriber Name	
Medical Registration Number	

ELIGIBILITY FORM COMPLETED BY	
Name	
Date	

Protocol: XLH - Burosumab	Published: October 2021 Review: October 2023	Version Number: 2
AHDMP Protocol Code: XLH001	Approved by: Professor Ellen Crushell Clinical Lead for Children, National Clinical Programme for Paediatrics and Neonatology	Contributor(s): Dr Ciara McDonnell, Dr Rachel Crowley, Reena Patel, Eadaoin White, Fionnuala King, Rhona O'Neill
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